

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Deborah C. Youngblood, PhD, Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544
Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089



Public Health
Prevent. Promote. Protect.

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

PLEASE PRINT LEGIBLY

Date: _____ New ☐ Remodel ☐ Conversion ☐

Type of Food Operation: Restaurant ☐ Retail Market ☐ Institution ☐ Daycare ☐

Other (Specify) ☐ _____

Name of Establishment: _____

Establishment Address: _____ Newton, MA Zip: 024 _____

Establishment Phone Number: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____ Email: _____ @ _____

Applicant's Name: _____

Title: Owner ☐ Manager ☐ Contractor ☐ Architect ☐ Other ☐

Applicant's Mailing Address: _____

Applicant's Phone Number: _____ Email: _____ @ _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____

Number of Seats Authorized by Common Victualer (CV): _____

Area of Facility (ft²): _____ Number of Floors: _____

Maximum # of Meals to be served (approximate): _____

Breakfast: _____ Lunch: _____ Dinner: _____

Will there be outdoor dining? Yes ☐ No ☐

Type of Service (Check all that apply):

Sit Down Meals ☐ Take Out ☐ Caterer ☐ Single-Use Utensils ☐ Multi-Use Utensils ☐

Will the establishment have entertainment (television, music etc.): Yes ☐ No ☐

FOOD SUPPLY

Food Sources (Company Name): _____

How often will refrigerated foods be delivered? _____

How often will frozen foods be delivered? _____

How often will dry goods be delivered? _____

Provide the amount of space (cubic feet) allocated for:

Refrigerator Storage: _____ Freezer Storage: _____

Dry Storage: _____

Identify the location and containers that will be used to store bulk food products (rice, sugar etc.): _____

List all foods that will be cooked and cooled: _____

List all foods that will be cooked, cooled and reheated: _____

List all foods that will be hot held prior to service: _____

Hot holding for service of TCS (Time / Temperature Control for Safety Food) / PHF (Potentially Hazardous Foods) (maintained at 135°F or above): Indicate the following

Type of unit(s): _____ Number of unit(s): _____ Location: _____

Cold holding for service of TCS / PHF foods (maintained at 41°F and below): Indicate

Type of unit(s): _____ Number of unit(s): _____ Location: _____

Will any of the following Special Processing Methods be used? Yes ☐ No ☐

- Reduced Oxygen Packaging (ROP), Use of Additives to Render a Food Non-TCS (Acidification), Curing and Smoking for Preservation, Cook-Chill, Sous Vide, Live Molluscan Shellfish Tank, Sprouted Seeds, Fermenting
 - Some Special Processes require a HACCP(Hazard Analysis Critical Control Point) Plan and / or a Variance

Will a HACCP Plan be submitted? Yes ☐ No ☐

- If Yes, in addition to this application, complete the "Hazard Analysis Critical Point Plan Review Application".

Will a request for a Variance be requested? Yes ☐ No ☐

- If Yes, in addition to this application, complete the "Request for Variance Form" (also includes the Granted Variance Form which should also be completed)

Note: There is an additional \$50.00 Fee for the Review of Special Processes / Variance Requests

Will the establishment partially cook Animal Foods? Yes ☐ No ☐

- If Yes, a plan must be submitted for review and approval

Will the establishment use Time as a Public Health Control? Yes ☐ No ☐

- If Yes, a plan and Variance must be submitted for review and approval

Explain the Handling / Preparation Procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where the food will be washed, cut, marinated, breaded, cooked etc. (prep table, sink, counter etc.)
- When food will be handled / prepared (time of day and frequency / day)

Ready to Eat Foods (e.g. salads, cold sandwiches, and raw molluscan shellfish): _____

Produce: _____

Poultry: _____

Meat: _____

Seafood: _____

<u>PEST CONTROL</u>	Yes	No	NA
Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will screens be provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all openable windows have mesh screening (minimum #16 mesh)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, where? _____			

WATER SUPPLY

What is the capacity and location of the water heater? _____
Will an ice machine be installed? Yes ☐ No ☐ If Yes, where? _____

WARE & DISHWASHING

Will the largest pot & pan fit into each compartment of the 3-compartment sink? Yes ☐ No ☐
• If No, describe the cleaning method that will be used: _____

Describe the location & type of device used for air drying clean equipment: _____

WARE & DISHWASHING

Will a Dish / Glass Machine be used? Yes ☐ No ☐

- If Yes, what will be used for the final rinse cycle? High Temperature Rinse ☐ Chemical Rinse ☐

Will the Dish / Glass Machine final rinse be under pressure? Yes ☐ No ☐

- If Yes, will the machine have a pressure gauge? Yes ☐ No ☐

What type of sanitizer (s) will be used for the following: Food Contact Surfaces: _____

Dish / Glass Machine: _____

Will dressing rooms/ lockers be provided? Yes ☐ No ☐

- If No, where will Employees store personal items? _____

Identify the location for the storage of poisonous or toxic materials (chemical storage): _____

Identify how grease will be disposed: _____

Identify the location of grease storage containers: _____

REFUSE

Will refuse / garbage be stored inside? Yes ☐ No ☐

- If Yes, where? _____

Identify how and where garbage cans and floor mats will be cleaned: _____

Will a dumpster be used? Yes ☐ No ☐ How Many: _____ Size: _____

Frequency of pickup: _____

Company used for Dumpster pick-up: _____

Company used for Grease pick-up: _____

- Please note that all Waste Disposal Companies (Offal) must be licensed with the City of Newton Health and Human Services Department

Will garbage cans be stored outside? Yes ☐ No ☐

Describe the surface and location where the dumpster/garbage will be stored outside the establishment: _____

Projected Start Date of Project: _____

Projected Date of Completion of Project: _____

Please Note: After six months if the work has not started or an extension has not been granted by the Newton Health and Human Services Department, your plan review application will be considered null and void. Fees will not be refunded.

FINISH SCHEDULE: Indicate which materials (Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, 4" Plastic Coved Molding, etc.) will be used in the following areas.

AREA	FLOOR	FLOOR / WALL JUNCTURE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Room				
Dressing Room				
Garbage & Refuse Storage				
Mop Service Sink				
Ware washing Area				
Walk-in Refrigerators & Freezers				
Other				

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

- ☐ Proposed Menu or complete list of food and beverages to be offered (Including seasonal, off site and banquet / catering menus)
- ☐ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services
- ☐ Equipment schedule including location, plumbing, drain and electrical connections
- ☐ Manufacturer specification sheets for each piece of equipment to be used in the establishment
- ☐ Previously "used" or refurbished equipment must be evaluated by a Certified Refrigeration Company / HVAC (Heating Ventilation and Air Conditioning) / Professional. This evaluation must be submitted.
- ☐ HACCP (Hazard Analysis Critical Control Plan) Plan Review Application containing all required information (for Special Processes requiring a HACCP Plan)
- ☐ Request for Variance if applicable (for Special Processes and Time as a Public Health Control)
- ☐ Site plan showing location of food establishment location of building on site including alleys, streets and location of any outside equipment or facilities (dumpsters, well, septic system if applicable)
- ☐ All Applicable Fees

Please note that any missing information may cause a delay in the decision making process.

STATEMENT: I, _____ hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Newton Health and Human Services Department may nullify final approval.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – Federal, State or Local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Local and State Laws governing Food Service Establishments.

FOR OFFICIAL USE ONLY

Date Submitted: _____

Fee Received: \$ _____ Check #: _____ Cash: \$ _____

Person receiving fee: _____

Risk Category	1 A / 1 B <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4A <input type="checkbox"/>	4B <input type="checkbox"/>	Special Process / Variance
	\$50.00	\$50.00	\$100.00	\$150.00	\$150.00	\$50.00

The Food Codes can be found at the following websites:

<http://www.Newtonma.gov/health> (under Environmental Health)

105 CMR 590.000 <http://www.mass.gov/eohhs/docs/dph/regs/105cmr590.pdf>

FDA 2013 Food Code <http://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM374510.pdf>

FDA 2013 Food Code Supplement <http://www.fda.gov/Food/NewsEvents/ConstituentUpdates/ucm453530.htm>

The Health and Human Services Department is open 8:30 A.M. - 5:00 P.M. M-F and until 8:00 P.M. on Tuesdays

If there are questions please call the Health and Human Services Department at 617-796-1420

RISK CATEGORIZATION OF FOOD ESTABLISHMENTS

RISK CATEGORY	DESCRIPTION	FREQUENCY #/YR
1 (A & B)	Examples include most convenience store operations, hot dog carts, and coffee shops. Establishments that serve or sell only pre-packaged, nonpotentially hazardous foods (non time/temperature control for safety (TCS) foods). Establishments that prepare only nonpotentially hazardous foods (nonTCS foods). Establishments that heat only commercially processed, potentially hazardous foods (TCS foods) for hot holding. No cooling of potentially hazardous foods (TCS foods). Establishments that would otherwise be grouped in Category 2 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors.	1
2	Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of potentially hazardous foods (TCS foods) after preparation or cooking. Complex preparation of potentially hazardous foods (TCS foods) requiring cooking, cooling, and reheating for hot holding is limited to only a few potentially hazardous foods (TCS foods). Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented.	2
3	An example is a full service restaurant. Extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many potentially hazardous foods (TCS foods). Variety of processes require hot and cold holding of potentially hazardous food (TCS food). Establishments that would otherwise be grouped in Category 4 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented.	3
4 (A & B)	Examples include preschools, hospitals, nursing homes, and establishments conducting processing at retail. Includes establishments serving a highly susceptible population or that conduct specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.	4